Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			. (Column	1111	10010	.,,,,,		RATE	FEE	1	RATE	FEE
					innes	SO SYTOA		BASIC FEE			BASIC FEE	
FOR			NUMBER FILED		NUMBER EXTRA				000.00	OH	27.0.0 1 22	100.00
TOTAL CHARGEABLE, CLAIMS			mi	nus 20=	•	<u>.</u>		x 25		OR	x-50	-
INDEPENDENT CLAIMS			ninus 3 =					x 10.0		OR	x200	
MU	ILTIPLE DEPE	NDENT CLAIM P	RESENT							OR	+360	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					4-180 TOTAL		OR	TOTAL	
2 WAG CLAIMS AS AMENDED - PART II											OTHER	THAN
A	405	(Column 1)	(Column 2) (Column 3)					SMALL	YTITH	OR	SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
AMENDMENT A	Total	- 22	Minus	- 0	30	=3		× 25	•	OR	×50.	150
MEN	Independent	· H	Minus	***	3 = 1			×100		OR	1200	200
<	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT (+180		OR	+360	
•											LATOT	Pd
		,	ADOIT. FEE		,	ADDIT, FEE						
		(Column 1) CLAIMS	1	(Colur HIGH	EST	(Column 3)	1 1		ADDI-			ADDI-
NT B		REMAINING AFTER		PREVIO		PRESENT EXTRA		RATE,	TIONAL FEE		RATE	TIONAL FEE
101	Total		Minus	1-1		; } = .		x 25		OR	x50.	
AF	independat		Minus			! !		× 100		OR	x200	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OR	+360	
							į	+/80 TOTAL		00	TOTAL	
		•					P	VDDIT, FEE L	المستقمان وسريس	Ž.,	ADDIT. FEE	***
المحميا		CLARIS	i	i nagn	 ES1	6745 1 1	īſ		ADDI-			ADDE:
NTC		REMAINING AFTER · AMENDMENT		PREVIC PAID	USLY	PREȘENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus .	**		=		×25	. /	OR	x:50	
MEN	Independent	•	Minus	***	· ·	=	1	× 100		OR	×200	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ 180		OR	+360	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the Highest Humber Previously Paid Fox" IN THIS SPACE is less than 20, enter 70. 								1014		ا ص	TOTAL	
•• {	tithe Highest Hu	mber Previously Pa	id For IN THI	S SPACE E	s less tha	n 20, enter 20.		OOIT. FEE	mariata bo	•	ADDIT, FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "" The "Highest Number Previously Paid For" (Total or Independent) is the highest norm; er Jound in the appropriate box in optumn 1												
.001	FORM PTO-075 Biologica Patest and Trademonth Citize U.S. DEPARTMENT OF COLUMN P											